

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	<b>APPEARANCE AND WAIVER          IN CIVIL UNION DIVORCE ACTION</b>	CASE NUMBER FC-CU No.
VS.	<div style="text-align: center;"> <b>PLAINTIFF</b>          (Your Full Name)       </div>    <div style="text-align: center;"> <b>DEFENDANT</b>          (Your Partner's Full Name)       </div>	This document is prepared by: <input type="checkbox"/> Defendant <input type="checkbox"/> Atty for Defendant
		Name _____ Address _____  City, State, Zip _____ Phone _____
<p>I, the Defendant, acknowledge receipt of a <u>filed</u> copy of the <i>Complaint for Civil Union Divorce</i> and <i>Summons</i> in the above-entitled action, submit myself to the Court's jurisdiction and have agreed with the Plaintiff on the matters set forth in:</p> <p><input type="checkbox"/> a signed agreement incident to civil union divorce.</p> <p><input type="checkbox"/> a form of the Civil Union Divorce Decree which I have approved by signature.</p> <p>I consent to a hearing of the complaint by a judge at any time without further notice and without my presence so long as the <i>Civil Union Divorce Decree</i> issued incorporates the provisions I have approved. If such Decree is not entered by the Court, I request to be notified.</p> <p>I understand that I am not required to sign this paper and that by doing so I am permitting the Court without opposition from me to proceed with the above-entitled matter at this time unless there is reason for the Court to alter our agreement.</p> <p><input type="checkbox"/> I am not in the military service of the United States.</p> <p><input type="checkbox"/> I am in the military service of the United States, but do not request a stay of proceedings herein, and I do waive any rights I may have under the Servicemembers Civil Relief Act (SSCRA), 50 U.S.C. Sec. 501, <i>et. seq.</i></p>		
DATE	DEFENDANT'S SIGNATURE	<b>FOR COURT USE ONLY</b>



In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Office of the Chief Administrator at PHONE NO. 954-8200, FAX 954-8212, or TTY 539-4853 at least ten (10) working days prior to your hearing or appointment date.

Please call Ho'okele, the Self-Help Desk, at 954-8290, if you have any questions about how to fill out this form.